

# The Sick and Disabled Ex-Service Men of Illinois

BY  
MYRON E. ADAMS  
EXECUTIVE MANAGER  
FORT SHERIDAN ASSOCIATION  
CHICAGO

INTRODUCTION BY  
MAJOR GENERAL LEONARD WOOD

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Compiled from a census made during the month of  
December of 1920, January and February of 1921,  
for the Henry Blair Keep Post, American Legion.  
Chicago, by John W. Lyden

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FORT SHERIDAN ASSOCIATION  
21 North La Salle Street  
Chicago



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THE SICK AND DISABLED EX-SERVICE MEN OF ILLINOIS  
By Myron E. Adams

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## INTRODUCTION BY MAJOR GENERAL LEONARD WOOD

*Under a sound conception of citizenship equality of obligation goes hand in hand with equality of privilege. We demand the latter; we must give the former. The nation has given us everything in the way of equality of privilege and, as far as is humanly possible, equality of opportunity, and demands in no uncertain terms equality of obligation,—obligation to serve wherever one can best serve, this to be determined by the Government.*

*The Draft system employed by us in the World War embodied the spirit and principal of Universal Obligation for Service, service somewhere, wherever one could best serve. It was accepted by our people without a murmur, and for the first time in our history in a great war we did not resort to the bounty system or to that most degrading practice of purchasing substitutes by those who were unwilling to risk their lives on the battlefield.*

*We must keep alive this sentiment of universal obligation and this spirit of service regardless of selfish interests. In order to do so the nation must demonstrate that it appreciates the sacrifices which have been made by the fighting forces and that it intends to take care of all those who have been disabled in service and to restore to the best possible condition those who have been wounded or disabled as a result of service. The dead cannot be called back, but many of the crippled and sick can be restored to usefulness, and the best possible means must be furnished to this end. Shell-shocked and nervous cases must be assembled under the most favorable conditions in a section of the country which lends itself to outdoor activities and to life in the open, under conditions of sunshine and fresh air, which give inspiration and hope. Hospitals for the permanently insane are not suitable for this class of cases. Those who are suffering from tuberculosis, old bone injuries which refuse to heal, from injury to the nerves, in fact, all that long category of chronic cases, where recovery depends so much upon suitable surroundings, the right kind of climate, fresh, stimulating air, etc., must be given every opportunity for recovery. Almshouses, no matter how well kept, are not suitable places for our wounded veterans, nor are our Old Soldiers' Homes. Fine as the inmates are, they are most of them waiting for the end of life. Our patients are at the beginning of the road with life ahead. There should be no farming out of the war cripples and invalids. Investigations have disclosed too many men in utterly unsuitable places. The*



*surroundings of our hospitals for the sick and crippled of the war must be cheerful, good grounds, reasonable sources of amusement, and an opportunity for much outdoor life. Our large divisional hospitals in the Southwest, West and in other sections of the country are comparatively new and can be readily used. The high plateaus of the Southwest, with their dry, bracing air, have demonstrated a thousand times their health-giving qualities. This is the general area in which these classes of cases should be assembled.*

*The soldier invalids should be placed, as far as possible, in special hospitals which would have a spirit of their own, an interest of their own, and everything pertaining to compensation, hospitalization, educational and vocational training should be under the charge of some single head, preferably, as I see it, an assistant Secretary of War. These sick men have been soldiers, and it is under the care of the Army that they should find the most sympathy and the keenest interest.*

*We cannot do too much for those who have offered everything, even life itself, in our efforts to restore their crippled bodies to usefulness, to implant again in their souls the fires of hope, to make them feel that the world is still a good place to live in and that there is much that is useful and helpful that they can do, and to show them that we have not forgotten their service. In a word, to make them again useful citizens of the nation, men full of hope and energy, looking ahead to a useful career, and not despondent veterans left in unsuitable hospitals, seeking health in unhealthful places, gradually losing hope, slowly passing beyond the point where help can be extended to them with any hope of success.*

*We want to keep alive the spirit of service. It can best be kept alive by prompt and effective recognition and care of those who have served.*

*(Signed) LEONARD WOOD*

*Fort Sheridan, Ill., March 24, 1921.*



## FOREWORD

BY

**Chairman National Hospitalization  
Committee of the American Legion**

Your report on the survey of disabled ex-soldiers and hospitals of Illinois is an admirable presentation of facts, conclusions and recommendations for the future. We have rounded the corner. Our time and effort have been concentrated heretofore on indicating the difficulties; your report, based on facts and supported by your survey, points the way to a concrete line of helpfulness by the Government, the American Legion, and the public at large. Truly, the splendid sons of America who still suffer from their contribution to the cause of their country may look hopefully toward the future.

Sincerely yours,

ABEL DAVIS

Chicago.

## A STATEMENT BY THE COMMANDER OF HENRY BLAIR KEEP POST, THE AMERICAN LEGION

Considerable experience on the National Beneficial Legislative Committee and later on the Hospitalization Committee of the American Legion, conclusively proved two points to my mind.

First—That the governmental bureaus themselves were greatly in need of information, accurate and up-to-date, concerning their own wards and patients.

Second—That the general public, the legislators of the country, and last, but not least, the ex-service people, whether members of the American Legion or not needed exact and accurate information as to the kind of care being given to those still receiving medical and surgical care, the number needing some sort of treatment and not receiving it. This applies particularly to tuberculosis and mental diseases, and primarily what should and could be done by the nation. To get this national action it became apparent that an educational campaign must be carried on.

With these points in mind I feel that the Legion—and this applies to every post as well as to the National Organization—in order to warrant its existence must have some definite purpose in mind, other than that of having meetings, to hear speeches, or to give entertainments or dances. When I was honored by being made commander of the Henry Blair Keep Post No. 462, a plan was first laid before its executive committee and later before the post, which was unanimously adopted.

This plan contemplated the taking of a census of every ex-service person in every hospital in the State of Illinois. The major part of the expense for this work was covered by a voluntary assessment of the membership of the Post, and the work has been very carefully, accurately and economically done by J. W. Lyden, who has had considerable experience in this sort of work.

The census which was taken was valuable in itself, but the greatest value was in the by-product or information that it gave, definitely proving the need of many reforms and changes. The real good from this work will be widespread and lasting, is my belief, and to the Post and one whose interest in the post has never flagged, are due not only my thanks for making possible this work, but the thanks of many who have already benefited by the work and the many more who will benefit just as much, even if indirectly.

The thanks of the wounded ex-service men and women, of every member of the American Legion and of all citizens of the United States interested in paying this debt to their defenders, are due to one man, a man of great experience, of great heart, of great vision, and great name—General Leonard Wood. His counsel and assistance in this work, as well as in every effort that has been made in the State of Illinois, have been of the greatest help and benefit.

A. A. SPRAGUE,

Commander Henry Blair Keep Post No. 462, Chicago, Ill.

## THE SICK AND DISABLED EX-SERVICE MEN OF ILLINOIS

By MYRON E. ADAMS

We want you to know the facts about the sick and disabled men of Illinois. They have been gathered carefully and honestly. The truth is bad enough. Exaggerations or the stressing of exceptions simply prevent the consideration of the real issues.

The duty of our country to give the best care to sick and disabled ex-service men is not a charity, but a matter of common justice and an essential link in any future policy of National defense. We have bungled our care of these men; we have not kept our promises made to them and to their families. It is true we left it to others—to Government Bureaus, to Welfare Agencies, to kindly friends.

It was our job—we thought so once. We were grateful; we cheered for them at Chateau Thierry, at St. Mihiel and the Argonne. Each man enriched his personal pride as well as his personal security at the cost of their suffering, but we did not intend to remain their debtors—that was unthinkable! We would not let Government Bureaus monopolize the thrill and the pride on Armistice Day—why let a few feel the entire responsibility now?

*Hospitals are needed exclusively for ex-service men, built entirely with their interests at heart. There must be a unification of agencies responsible for their care; it must be made easy for any ex-service man to get quick and fair consideration of his claim. Every known achievement of medical science must be made available to restore the health and strength the nation was compelled to use for its defense. Increasing co-operation must be secured from universities, industries, professions and citizens generally to reassure the replacement of the man disabled in mind or body in a useful self-respecting place in society. Nor should we forget the unspeakable debt we owe to those who have given husband, father, son or brother to their country.*

Here's the way they did it "over there":

His commanding officer wrote, "He carried his platoon through to the objective, and then ordered the men to 'dig in' and to get under cover. While they were doing this he noticed several wounded men lying in the open, exposed to machine gun fire and snipers' bullets. He called for volunteers to go with him to bring in the wounded, and with two non-commissioned officers he went out and carried back three of the wounded. He started on the second trip, but just as he passed a stone wall several rifles opened fire on the party and Lieutenant Hoyer, who was in advance, fell forward on his face—dead."

That was the price men willingly paid to take care of their wounded comrades overseas. Under the white crosses on the hill-sides of France there rests today a brave Company of men who gave their lives that their wounded comrades might come back home and get a fighting chance toward a normal life again.

In 1919, when the fighting men were returning from overseas and parading before their welcoming friends, these men, with limbs torn by enemies' bullets, or with minds and bodies disturbed by shell-shock or disease, were returned to great Army hospitals hastily erected for temporary occupancy. They passed from the seaboard to the inland hospitals, in the main, unnoticed. Many of them were too wrecked and wretched to care, but all were glad to get back home.

Most of the Illinois men were brought directly to Fort Sheridan. Here a great series of wooden buildings was erected, the stone barracks were renovated, and an immense hospital plant was completed. This hospital and the hotel at 47th and Drexel Boulevard housed the sick and disabled ex-service men for a period of a year and one-half.

The first returning disabled and sick ex-service men came at a time when there was a great deal of honest appreciation and genuine consideration for these men. War work agencies were still active; Red Cross canteen workers met the passing trains; Red Cross recreational buildings were erected near the hospitals; Y. W. C. A. and Y. M. C. A. buildings were opened. Libraries, indoor and outdoor recreation, and vocational education were furnished to supplement the work of the Army Medical Service. Community hospitality was furnished by the War Camp Community Service and other organizations.

Early in 1920 it was evident that these arrangements were temporary; efforts were being made to discharge as many men as possible; medical officers were resigning from the Service. The care became more lax, and the men in the hospitals began to show the strain of their long hospitalization.

It was in October that the care of these men was transferred from the Army Medical Corps to the Public Health Service. On short notice the military hospitals were closed and dismantled—in some cases actually torn down. The Public Health Service was called upon to secure hospitalization and to afford medical care and physical examination, not only for the men who were transferred from the Army hospitals, but for all claimants of the War Risk Bureau, for all applicants for Vocational Training, and in addition, for several classes of Government officials, including Post Office employees and Merchant Seamen.

They had only one small hospital in Chicago. In a brief period they had to build up their medical personnel, their central and sub-offices, and in addition, secure sufficient hospital facilities to care for these men. It was necessary to lease the hotel at 47th



and Drexel, which had been used as a military hospital; also, to make arrangements for the care of these men in public and private hospitals throughout the State, as there were no central hospitals available. This wide distribution of patients to public and private institutions was in the nature of a temporary expedient, and in the cases of Tubercular and Neuro-psychiatric cases, failed to meet squarely the needs of ex-service men, and often subjected them to conditions which were unfair and unsatisfactory.

Early in May, 1920, a National Committee on the Hospitalization and Care of Sick and Disabled Ex-Service Men, with General Abel Davis as Chairman, was appointed by the National Commander of The American Legion. This Committee surveyed the entire National field, and found that there were three great problems: the lack of speedy and efficient co-operation between the Bureaus of Public Health, War Risk Bureau, and the Bureau of Vocational Education; the lack of proper public hospital facilities available for this purpose; the lack of both means and methods of properly caring for tubercular and mental cases.

### THE ILLINOIS CENSUS

While engaged in the work of consolidating these Bureaus and securing better service for the tubercular and mental cases, the Committee realized the need of a more careful census of men actually in hospitals, in order that the facts might be secured. Through the co-operation and support of the Henry Blair Keep Post, A. A. Sprague, Commander, and Dr. George de Tarnowsky, Chairman of the Medical Committee, a census of the disabled and sick ex-service men in the State was made by John W. Lyden, formerly Assistant Director of the Service Department of the American Legion of Illinois.

Day after day, for two months, Lyden went through all the hospitals of Illinois, starting at Chicago and going south as far as the Ohio River. He talked with each man individually, listened to their stories, heard their complaints, consulted with nurses, physicians, welfare workers, local representatives of the American Legion, always keeping in mind that the main purpose was to be personally helpful to these men, as well as to improve their general conditions, and those of the men who came after them.

The Census disclosed that there were approximately 1,200 ex-service men in hospitals of Illinois. This number varies monthly and the average will run from 1,200 to 1,600. 250 were in Tuberculosis hospitals, 400 in Mental hospitals and 550 in General Medical and Surgical hospitals.

The General Medical and Surgical cases were in 3 U. S. P. H. Service hospitals and in 23 private and public contract hospitals. The Tuberculosis cases were in 12 hospitals and the Mental cases were in 1 Public Health Service hospital and in 10 private and public contract hospitals.

The information was secured on this form card:

1	2	3	4	5
<b>HOSPITAL</b>				
192.....				
Sur Name.....		Given Name.....		
Claim No. ....	Serial No. ....		Age.....	
Home Address.....				
Street.....		City or Town.....		State.....
Married.....	No. of Dependents.....	Condition of Dependents.....		
Nearest Kin.....				
Name.....		Street.....	City or Town.....	State.....
Date of Enlistment.....	Rank.....	Org. ....	Date of Dis. ....	
Diagnosis .....				
Date and Source of Admission.....				
Approximate Date of Discharge.....				
Compensation—Date Filed.....		Amount Awarded.....		
Occupation.....		Where.....	By Whom.....	
Resume Former Occupation?.....				
Best Friend.....				
Name.....		Street.....	City or Town.....	State.....
Insurance .....				
Remarks .....				

As soon as the information was secured it was copied on 4 duplicate cards and sent immediately to American Legion Headquarters, to the War Risk Bureau, the Board of Vocational Training and the U. S. Public Health Service. In this way there was a check up by these departments and delayed action was remedied as soon as possible.

The census showed that 50% of the men who were in Mental Hospitals were overseas men. 10% were from the Navy and 40% from noncombatant units. A larger percentage of overseas men were found among the Tubercular and a somewhat larger percentage among the surgical cases. There were 720 men unmarried and 315 with families, among which the majority had other dependents.

### GENERAL INFORMATION

The disabled and sick ex-service men of Illinois are widely distributed. There were nine hospitals used in Chicago, and fifty-one hospitals in the State outside Chicago, at the time of the census. The largest hospital in Chicago, at Drexel and 47th Street, houses from 250 to 500 patients, while many of the smaller hospitals throughout the State have only one or two.

The impression of the temporary character of all arrangements is evident throughout the entire State. It is purely an emergency situation. The hospitals make arrangements under pressure. In the majority of cases they will welcome the centralized care of these men in Government institutions. They recognize a responsibility, which arises from the fact that ex-service men have special claims on the Government for a type of care which they are often not equipped to provide. The Government is very slow in payments for hospital care, and very exacting on detailed financial reports. The slightest mistake often holds up entire payments for long periods. The patients are constantly being changed from

hospital to hospital. They also realize that the complaints of some bed-weary, despondent ex-service man may cast a cloud of suspicion over their hospital record. All these facts, and many others, conspire to make the majority of public and private hospitals anxious to have the care of these men centralized where constructive plans can be made and special work developed to meet the special needs.

There is an evident lack of centralized information. The Public Health Service does not keep accurate reports of the men in hospitals at any one time, and there is no system of supervision by which the Governmental agencies are kept in personal touch with the patients. This results frequently in overcrowding and bad conditions. For example, the census of St. Paul's Hospital, a private contract hospital at 828 W. 35th Place, was made on December 30th. It had a 20-bed capacity. There were five ex-service men there, and two weeks later twenty-five more ex-service men were sent there. It became over-crowded and dirty, and a public scandal resulted. The men were all removed. A similar complaint was made in another case, and overcrowding stopped. The tremendous pressure of men needing hospital care, and the lack of hospital facilities, makes this situation inevitable without a constant check up on the men actually in hospitals, and a personal supervision by the Public Health Service.

Every Hospital in which an ex-service man was placed by the Public Health Service was visited during the months of December, January and February. The medical care, personal attention and consideration and general treatment given to ex-service men was good. The real difficulties lay along the line of more adequate hospital facilities, the special care needed for all mental and tubercular diseases, and the proper functioning of the War Risk Bureau and the Public Health Service.

## **TUBERCULOSIS**

### **The Tubercular Patient**

The medical care of the tubercular ex-service man is an enormous outstanding problem. There is a vast difference between his situation and that of the general medical patient. He bears no outward sign of his contribution to his country's service. Mechanical and surgical skill have combined to help the man who has lost leg or arm or other physical parts, to a place of real usefulness. Often he has health, strength, ambition and resolution to overcome his handicap, and to assist in his speedy restoration.

The tubercular soldier has had a different lot. Some have been held back through the war period from active participation in the Service because of the development of the disease under earlier hardships; others have developed it in the active Service, and while outwardly untouched, have been inwardly marked for periods of tedious and lonely isolation in quiet hospitals, and no prospect of speedy return to normal work-a-day life.



There are three features of the problem in Illinois: The first is the large number of tubercular men not in hospitals. No accurate estimate has been or could be made, but it is several times the number in hospitals. There are various reasons. Incipient cases often are cared for at home, sometimes under medical supervision, but frequently without any attention or care. Some, through sheer ignorance or carelessness, delay seeking medical care, or, having sought it, ignore the only treatment which could assure them a return to health and strength. Others resent the idea of going to a hospital, fearing the period of loneliness, and eagerly seek some excuse in the nature of the hospitalization which they can offer for not going. Among many ex-service men, in addition, there has long been noticed a certain natural nervous dissatisfied attitude toward the quietness and passivity of the hospital treatment required, which causes them to break away from restraints and to hazard their physical future at whatever cost. This situation cannot be ignored. It has already, and will increasingly, contribute a vast army of men to the incapacitated citizens of America.

The following report supports this conclusion. These ex-service men, who were under treatment at the Municipal Tuberculosis Sanitarium of Chicago, were discharged during the months of January and February, 1921. There were forty-two men in this hospital on January 1st, forty-one men on February 1st—six were admitted during the month of February.

NAME	DATE OF DISCHARGE	REASON
A—— W——	January 15, 1921	Own Request
C—— J——	January 2, 1921	Died
H—— R——	January 30, 1921	Died
J—— C——	January 30, 1921	Discipline
R—— A——	January 26, 1921	Own Request
R—— F——	January 27, 1921	Discipline
S—— E——	January 27, 1921	Truant
B—— A——	February 22, 1921	Died
B—— C——	February 1, 1921	Transfer
C—— V——	February 2, 1921	Died
D—— J——	February 10, 1921	Truant
O—— A——	February 7, 1921	Order of U.S.P.H.S.
R—— L——	February 24, 1921	Own Request
S—— A——	February 27, 1921	Transfer
S—— T——	February 23, 1921	Died
S—— R——	February 2, 1921	Non T.B.
S—— T——	February 1, 1921	Transfer
V—— J——	February 14, 1921	Transfer
W—— S——	February 7, 1921	Discipline
W—— B——	February 24, 1921	Discipline

The second is hospitalization. There are no Public Health or Military Tuberculosis Hospitals in this District. Some men have been sent to New Mexico, Arizona, Colorado, and during the last six months, to the new Public Health Hospital in Johnson City, Tennessee.

At the time of the census, tuberculosis patients in Illinois were located at the following hospitals:

### **Municipal and County Institutions**

Chicago Municipal T.B. Sanatorium, Chicago.....	39
Cook County Sanitarium, Oak Forest.....	80
Fairview-McLean County Sanitarium, Normal.....	13
La Salle County Sanitarium, Ottawa.....	4
Peoria Municipal T.B. Sanitarium, Peoria.....	4
Adams County T.B. Sanitarium, Quincy.....	1
Rock Island Municipal Sanitarium, Rock Island.....	2
	<hr/>
	143

### **Contract Hospitals**

Chicago Fresh Air Hospital, Chicago.....	14
Edwards T.B. Sanitarium, Naperville.....	7
Ottawa T.B. Colony, Ottawa.....	12
Palmer Sanitarium, Springfield.....	28
Chicago Municipal Sanitarium, Winfield.....	5
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There has been a great deal of dissension about tuberculosis hospitals, particularly the one at Oak Forest. The facts are as follows: When the Public Health Service took over the medical care of ex-service men they had no tuberculosis hospital in the District. The number of applicants for hospitalization increased very fast. They filled every available bed in private and public hospitals in Michigan, Wisconsin and Illinois, and still there were very many serious cases left over. The only available hospital was at Oak Forest, the County Poor Farm. Here they sent a group of men who at first were housed with the other patients. Complaints were made; they were separated and put in cottages and in separate wards; a Red Cross worker was sent there for recreational work; and while complaints about the food continued, it was much improved, and a special representative of the U. S. Public Health Service was sent there to look after their interests. The situation, due to publicity, has prevented many tubercular ex-service men from seeking hospital care. This has been one of the worst reactions. In addition, the men there feel that when anything goes wrong, the fact that they are at a County institution is a blow at their self-respect, and they know that they are

entitled to the best of care by the Government in a Government hospital, and not in a County institution. This applies not only to Oak Forest, but to all County and Municipal institutions throughout the State.

There is no question of the intense need of a local tuberculosis hospital for ex-service men. Such a hospital, conducted along the best lines, would help to care for many men who will not go to the hospitals named. It would bring the entire group under responsible care and constant inspection, and would create a psychological condition of satisfaction and self-respect among the ex-service men, which would help materially in effecting a cure.

The third is training. "The training of the tubercular patient," according to Dr. H. A. Pattison, of the National Tuberculosis Association, "is exceptional, in that it eliminates strong physical exertion, continuous effort or preparation for indoor occupations or outdoor occupations, with physical hazards. The chief function of the training *is to keep the man's mind occupied in useful directions so that his cure may proceed more rapidly.* The fact that he realizes that if he is ever to live as a self-respecting, self-supporting member of society, he must readapt himself to occupations in most cases entirely foreign to those in learning which he has spent his formative years, often overwhelms him and it is only as he feels the possibility of entering into a new vocation that his mind reacts happily to treatment given, and the training contributes directly to his recovery, as well as to his future ability to take his place in society."

The situation of those who are not in hospitals, the wide distribution of the men in public and contract hospitals, and the type of training which the Government can and will give them, all point to the urgency of centralizing this work where it can be conducted along lines which are somewhat commensurate with the importance of the problem.

Out of the 209 tubercular patients interviewed, thirteen were from the United States Navy, 118 were from overseas organizations, and 72 were from non-combatant or organizations which did not get overseas. Among this latter number there were a large number of patients whose tubercular condition was due to the terrible effects of the "Flu," which left so many of them weak and handicapped in the Winter of 1918.

At the time of writing this report the number of cases asking for compensation because of tuberculosis is increasing faster than for any other physical cause. It is estimated that there are now a minimum of 1,000 who would profit from hospital care if the proper Government facilities were available. Tuberculosis patients should have immediate action on all compensation claims, as the failure to receive attention aggravates their trouble and prevents a state of mind which will assist in their cure.

## MENTAL AND NERVOUS DISEASES

"Mental and nervous diseases," Dr. H. Douglas Singer, Director of the Illinois Psychopathic Institute, states, "differ from other diseases by reason of the fact that they affect the machinery which controls and regulates the action of the body as a whole. Damage to the nervous system disabled the connected part of the body—it practically cuts off that part. The diseased mind is different. The man can use his body, but not direct it. His physical strength becomes dangerous to himself and others. Without outward sign or inward warning, he may jeopardize the standing his Service has given him, by irresponsible acts. The man who has been deprived of his mind has made the greatest sacrifice of all; he has been changed from a defender of his country to a possible menace to society.

"To earn a living and to occupy a position which will bring satisfaction and happiness, a man must conform to the rules which society establishes as a safeguard for the welfare of all. The ability to choose a course of action which will bring this result depends upon the quality of brain which the man possesses and the training he has received. The quality of brain depends largely upon the character of his inheritance, but often upon changes produced by injury or disease. A brain that is poor in quality from birth is said to be defective, and persons with such brains are classed as mental defectives. The severest form of deficiency is called feeble-mindedness.

"Persons with minds of poor quality will conduct themselves without conflict with social regulations only when conditions are relatively simple. When the responsibilities are too complex or the difficulties too great, they behave irrationally."

The Selective Draft eliminated over 72,000 men for this reason. Some, however, were accepted, and in many more cases the defect was so subtle that it was not capable of recognition.

The "Call to the Colors" completely overturned many people who had settled down to a sphere of life which presented only such conditions as they were able to face. It brought those people face to face with new conditions; many broke down under this strain, and some later. Some succeeded in adjusting themselves to Army life, only to find when they left the Service and were once more placed upon their own responsibility, that they had lost the powers and habits which had previously been satisfactory.

Dr. T. W. Salmon, Director of the National Society of Mental Hygiene, in answer to a question before the Congressional Committee, gave an excellent illustration of this fact, when he testified: "In that connection, one illustration may be of some value. I have heard it said sneeringly by those who do not believe in all this fuss about ex-soldiers, that they know of a feeble-minded man who was taken and passed and drafted into the Army, and who is now getting compensation. That was given as one of the most glaring instances of improper payment.



"Let us see if this is necessarily so. I know a feeble-minded boy who was drafted into the Army, and who is not getting compensation. He used to stay around a livery stable. He was an illegitimate child; no one knew who his father was. His mother was a prostitute who had left town. He slept on the hay in the stable and picked up a quarter or half-dollar here and there working around the livery stable and holding horses. That boy had found a level for himself upon which he could adjust himself even with his feeble mind. It was pretty low level, but he was not a charge upon anyone.

"The Draft came and took him. His mental condition escaped detection until he had been six months in a training camp; and then he was discharged and sent off with only railroad fare, and nobody to supervise his activities. Since that time he has been alcoholic and arrested many times. Before that he had never been arrested. He has had his whole world and all his standards of living dislocated. I think that where a boy like that had been taken right out of the surroundings in which he had made a place for himself, even in a livery stable, the Government ought to do something for him. We took this feeble-minded boy, who had found his own level where he was, just as we have found our own levels, and dislocated his entire universe. I do not think that anybody ought to give him \$100 or \$80 a month, but I think the Government should re-establish him on the footing that he had before the War, or a little better. They cannot make a mechanic out of him; they cannot give him an education through the Vocational Board, but they can give him slight compensation, enough to make up for his defect, and that boy can be put back where he was before the War. That represents the very bottom of this list of mental disorders due to the War, which is represented at the top by a man with a piece of shrapnel in his brain. I do not think we can afford to draw the line and say to that boy, 'You are responsible for your own brain, and if you got drafted into the Army you ought to have known better.' We took these men as they were, and I think we took the responsibility for any injury we did to them."

In many cases, the hardships and privations, exposure, wounds, gas, excitement, fear of failure in duty and the condemnation of their fellows, gave rise to actual disease and damage in the brain, with a consequent lowering in the quality of the brain with which the men entered the service. If there had been even the slightest trace of disease at the time of enlistment, the conditions of service would have magnified and developed it.

It will thus be seen that the strenuous conditions of war service have operated to give rise to mental disorders in many different ways, and that these defects have been produced in well-formed as well in poorly developed brains.

"In a general way," said Dr. Singer, "we may subdivide mental disorders into two groups. First, those which represent more or less difficulty in making adjustments. These are com-

monly called psycho-neuroses (many of them were labeled shell-shock), of which there are several different varieties, such as hysteria, neurasthenia, and other forms of neuroses. The second group are often called psychoses, or more commonly, insanity. They differ from the first in that they are evidences of actual damage to the brain. The most frequent varieties are called dementia praecox, manic-depressive insanity, and general paralysis. To be included within this last group, though not necessarily insane in the ordinary sense, is a group of conditions known as epilepsy. Here the fit is the most characteristic symptom, but often it is associated with brain disease, which alters the ability of the individual to choose his course of action satisfactorily."

The prevalence of insanity in civilian life, without the abrupt changes incident to war service is well illustrated by the fact that the State hospitals of Illinois now contain approximately 20,000 such persons. With regard to psycho-neuroses, we have no exact figures, but they are conceded to be one of the most potent causes of chronic suffering, dependency and economic inefficiency.

It must also be recognized that the full effect of the damage received in Army service to the nervous and mental system will not be evident for some years to come. Such diseases develop slowly, and often obscurely. Unfortunately there is also attached to them an unjust stigma on the part of society, which makes it difficult to secure their recognition until events force the issue. The earlier evidences of failure in adjustment are often concealed or overlooked, and yet to afford the best chance for successful treatment, it is essential that this be started at the earliest possible moment. There is, therefore, urgent need that the Nation should provide agencies, free from every appearance of charity or condemnation, for the early recognition and treatment of ex-service men.

The following summary of hospitals and the nature of diseases was secured in a census of January and February, 1921. The number is constantly increasing, and does not include those sent to Waukesha, Wis., Marion, Ind., or other hospitals outside the State.

#### **Kankakee State Hospital, Kankakee, Ill.**

NAME OF DISEASE	NUMBER OF PATIENTS
Mental Deficiency,	2
General Paralysis,	1
Manic Depressive	1
Other Psychosis,	1
Dementia Praecox,	31
	—
	36

#### **Lincoln State Colony and School, Lincoln, Ill.**

Mental Deficiency,	1
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**Peoria State Hospital, Peoria, Ill.**

NAME OF DISEASE	NUMBER OF PATIENTS
Other Psychosis,	1
Mental Deficiency,	5
Epilepsy,	1
Dementia Praecox,	12
	19

**Watertown State Hospital, E. Moline, Ill.**

General Paralysis,	1
Dementia Praecox,	6
	<u>7</u>

**Wilgus Hospital, Rockford, Ill.**

Manic-Depressive Psychosis,	2
Dementia Praecox,	1
	<u>3</u>

**Chicago State Hospital, Dunning, Ill.**

Dementia Praecox,	60
General Paralysis,	7
Mental Defective,	1
Other Psychosis,	1
	<u>69</u>

**Jacksonville State Institution, Jacksonville, Ill.**

Dementia Praecox,	39
General Paralysis,	1
Manic-Depressive Psychoses,	4
Psycho-Neurosis,	1
Mental Deficiency,	1
Other Psychosis,	1
Epileptics,	1
	<u>48</u>

**Elgin State Hospital, Elgin, Ill.**

Dementia Praecox,	87
Mental Defective,	3
General Paralysis,	1
Epilepsy,	1
	<u>92</u>

**Anna State Hospital, Anna, Ill.**

Dementia Praecox,	6
Manic Depressive Insanity,	1
	<u>7</u>

**Marine Hospital No. 5 (Observation Hospital), Chicago, Ill.**

Epilepsy,	11
Dementia Praecox,	1
General Paresis,	1
Psycho-Neurosis,	25
	<u>38</u>



**Treatment Required**—The ex-service man should be able to easily consult physicians trained to recognize the beginnings of such disorders. These experts must be supplementary to and must not replace the general physician and surgeon. Some specialists are working on the development of this clinical service at the present time.

Its importance arises from the fact that the patient complains of pains and discomforts, really of nervous or mental origin, which are apparently connected with some other part of the body. When these are detected at an early stage a careful study of the patient is made. The difficulties which the patient is meeting or failing to meet will often disclose the actual trouble and will reveal conditions which can be remedied by advice as to how they may be adjusted by a proper change in the mode of life.

Sometimes the situation is too complex or there are evidences of actual disease. Removal to a hospital especially equipped with every means known to science may be necessary. Here the most careful study should be made to determine whether any disease exists, and if so its nature. Appropriate remedies should then be given, if such are known, to arrest it if still active or to remove or minimize its consequences. Unfortunately, our knowledge of the nature and treatment of many of these diseases is extremely limited. But there can never be a worthier cause nor a better opportunity for developing new knowledge by investigation than is here presented.

The next step consists of training in ways of living which will secure satisfaction for the patient without bringing him into conflict with social regulations. Such training includes not only the vocation but also means of recreation and pleasure which are helpful as well as harmless.

There still remains the further problem of finding a sphere of life where the man can successfully adjust and compete with others, after the limits of mental capacity have been determined. This may take prolonged study and educational effort. It requires an exceptionally well organized employment bureau and recreational facilities.

Another feature of the utmost importance in the program concerns the employment of social workers or community nurses specially trained for mental work. They can assist in establishing the first contact with patients, in the investigation of the home, work and play conditions under which the patient has failed, in the alleviation of suffering or distress among those dependent upon the patient, which is often a factor in the breakdown and finally in supervising and assisting the patient in his rehabilitation in society.

**Treatment Given**—The United States Public Health Service, through the District Supervisor, is now establishing, at strategic points throughout the state, hospitalization units which will serve as consultation centers and for the treatment of such cases as

do not need hospitalization or have been returned from hospitals. This Bureau has also set aside the Marine Hospital in Chicago as a place for the special study and diagnosis of mental and nervous disorders. When the alterations are completed this hospital will be well equipped for the purpose. The principal difficulty is the securing of trained personnel, both medical and nursing.

In the state hospitals to which most of the insane are sent for hospitalization, the general principle of treatment is that laid down above. But these hospitals are all large and greatly overcrowded.

Dr. C. F. Read, Superintendent of the Chicago State Hospital for the Insane, appeared before the Appropriation Committee of the Senate and House to ask aid from that body in constructing additional buildings. He states: "That beds are so close together that the patients could hardly get out on the side of their cots."

At the time of writing there 200 more patients in Elgin than there were beds. The patients slept on mattresses on the floor.

The medical, nursing, occupational and recreational staffs are entirely too small to give the individual study and active treatment, which are essential for the best results. Some of these deficiencies have been partly remedied by assistance from the Federal Board for Vocational Training and the American Red Cross, but the space available in buildings is inadequate.

Dr. T. W. Salmon testified before the Congressional Committee:—"I am not a lawyer and I am not an administrator, but I am a doctor, and for twenty years I have devoted myself to the care of people suffering with mental disease. I have studied the care of the insane in many States, but I do not know today any group of 5,000 men suffering from insanity who are so poorly cared for as the ex-soldiers of the United States Army. I do not mean by that, that all are equally badly cared for, but I know of no group of that size that are allowed to remain in unsuitable places week after week and month after month because there is a divided authority on the part of those who are responsible for them. So, gentlemen, all I have to say, my only reason for coming here as a doctor, is to say that from the simplest dictates of humanity it is necessary to set up here in Washington and in the fourteen districts of the United States a real unified agency that can reach into these men's houses, take them out, and put them into Government hospitals established, built, and maintained solely for their benefit; not constructed to care for dying, demented old people, but to care for young men in full vigor, who, nevertheless, are suffering from this disease. Only in this way can be averted the dementia that will eventually overcome all these men.

"Unless something is done within the present year to improve conditions under which insane ex-service men are receiving treatment, hundreds who now stand a fair chance of being cured, will be doomed to permanent insanity.

"In spite of the fact that on December 16, 1920, 5,500 ex-service men were in neuro-psychiatric hospitals, the Government has not spent a dollar for the construction of a single hospital for the insane up-to-date. Only one-third of these men are in hospitals owned by the Government. One of them is a converted reform school in Roxbury, Mass. Another is a naval hospital in Philadelphia, which was built just after the Civil War. Another is a hotel at Augusta, Ga., which has been used by a girls' seminary, and then has been turned over to the Government and a few thousand dollars spent for partitions. Yet those are regarded as special hospitals for the treatment of this special form of disease."

Dr. Singer, the Director of the Illinois Psychopathic Institute, advises:—"In the hospitalization of ex-service men, the need of temporary hospitals should be considered, such as the Marine Hospital for diagnostic purposes, and local clinics for observation in connection with the hospitalization units of the United States Public Health Service. But the most important question is the hospitalization for treatment of a more prolonged kind.

"(a) Psycho-neuroses should be hospitalized only for a short time or not at all. The great thing here is the development of morale and confidence and the avoidance of anything which would tend to confirm a feeling of invalidism.

"(b) Psychoses (or insanity), demands hospitals specially planned with reception service for intensive study, hospital wards for bodily illness, specially equipped pavilions for disturbed and excited patients, educational facilities and means for recreation, convalescent departments.

"These hospitals should belong to the Government and be limited to ex-service men. These should set national standards for constructive treatment and no such case should be considered as merely custodial. Large personnel necessary to permit individualization. Illinois' quota at the peak of the load would amount to between six hundred and a thousand cases.

"(c) Epilepsy needs special grouping. There are about twenty-five cases of epilepsy now in hospitals of Illinois, and it is estimated that there are five hundred outside in the state. They are a special problem. The nature of their trouble prevents them from being reliable in employment. The only solution seems to be to find a special friend or relative who will assure the epileptic continued employment, in spite of his affliction, and then give the man such training as will make him valuable as an employee. Compensation should be awarded on a temporary total basis, which would assist the men in being cared for in their homes."

Dr. Salmon emphasizes this conclusion:—"Certain important factors are on the side of these ex-soldiers. They are young and, for the most part, in excellent bodily condition. They have what is denied most of the insane—an opportunity to leave hospitals partially well and yet, with monetary aid, to live happy, contented and moderately useful lives. Their social rehabilitation is not, fortunately, dependent upon a 100 per cent economic rehabilitation for, whatever the Government has failed to do, it is ready to compensate and to train vocationally those men who have had their earning capacity impaired by mental illness and thus enable them to compete, if not on equal terms, upon fairly satisfactory terms, with their fellow-men."

There was never, in the whole history of mental medicine, such an opportunity as this for showing what can be accomplished by re-education in the justly dreaded mental disease that constitutes the chief problem in the care of mentally disabled ex-service men.

Beginning with occupational therapy carried on by nurses and occupation aides in the wards and even at the bedsides in these hospitals, vocational education can be employed at the earliest possible moment when resumption of activity and interest justifies it. This training can be directed by those expert in abnormal psychology and carried on under the Federal Board for Vocational Education, by teachers who even now can be trained for the very difficult and special work which they will have to do in behalf of mental patients.

Through a system of psychiatric social service and Government dispensaries, it will be possible to continue skilled supervision and direction of these men for months or years after they have left the shelter of neuro-psychiatric hospitals. It is believed by those most familiar with the problem that not less than half the ex-soldiers suffering from this especially malignant type of mental disease can be economically and socially restored under such unusually favorable conditions.

All these things depend, however, first, upon quick and favorable action by the Appropriations Committee of Congress; second, upon the establishment within the Public Health Service of an efficient neuro-psychiatric service, headed by men of long experience in dealing with the intricate problems that fall to the neuro-psychiatrist and, third, upon co-operation between hospitals, psychiatric social service workers and committee agencies to ensure the after-care and community supervision that form such an essential part of dealing successfully with the lifetime problem presented by most forms of mental diseases."



## SOME SIGNIFICANT MENTAL CASES FROM THE FILES OF THE CHICAGO RED CROSS

CASE 1.

March 18, 1921.

Mr. X enlisted in the United States Army August 5, 1915 and was discharged July 26, 1919, S. C. D. 4th Ind. H. C. D., Chicago, Illinois, July 18, 1919. Served overseas and was gassed. Was cited by General Pershing and by the French Government.

He enlisted in the Navy, October 2, 1919, at Chicago and was discharged December 6, 1919, as an "undesirable." Subsequently enlisted in the Marine Corps and was discharged June 10, 1920, "by reason of physical disability."

Mr. X has been under hospitalization on several different occasions and in various hospitals including Hospital No. 34, East Norfolk, Fort Sheridan General Hospital No. 28, United States Navy Hospital, Mare Island, California, State Hospital, Stokholm, California, United States Public Health Service Hospital No. 30, Chicago Psychopathic Hospital and finally Chicago State Hospital, Dunning, Illinois. He was committed to Dunning from Psychopathic Hospital, September 30, 1920. Diagnosis: Manic reaction.

A report from Chicago State Hospital, November 8, states that X was suffering from Catatonic Excitement. Was very restless and noisy. While under observation did not eat well and on account of his constant excitement, exhausted himself. Mr. X had been reared by an aunt, and she removed him from Dunning about November 1, 1920, because of the prejudices she held against Dunning. Mr. X was to be transferred to the Elgin State Hospital, but his aunt would not listen to this as she maintains that all State Hospitals are alike, and that he would receive no better treatment at Elgin than elsewhere. She is therefore keeping him at home with her, where the conditions are most abominable. Her own mental condition seems to be none too sound. She is very irritable and easily excited and quite filthy minded. She maintains a rooming house, which in the past has had a questionable reputation and the room in which Mr. X is kept is dirty, poorly lighted and ventilated, and in addition this room serves as a bedroom for Miss O herself and one of her men roomers, an ignorant type of person, whom she states she is employing to assist her in caring for Mr. X. Patient is usually strapped to his bed on account of his excited state. Miss O keeps him constantly in a sort of harness which prevents him from doing any undue violence, but even with this contrivance she keeps very close watch of him.

Indeed the conditions here are such as would unbalance the mental state of a healthy person if he were compelled to submit to them very long, but these conditions cannot be remedied because of the horror Miss O has for the State Institution on account of her opinion of X's treatment there and because there is no Government Hospital to care for this discharged soldier and give him the care he is so greatly in need of.

## CASE 2.

March 17, 1921.

Mr. Blank, in June 1918, at the age of 23 years, entered the World War Service. He left a very good position where he was in partnership with his brother. While at camp, during the early days of his training, he received a severe head injury and after several months at the Camp Hospital, he was discharged on a Certificate of Disability, because of mental trouble.

For two years, Mr. Blank has lived at home and has been supported by his family. He has been unable to perform any kind of work. He is not able to travel without an escort and his presence at his brother's firm causes commotion and a decrease in business.

Mr. Blank has rational times and is perfectly aware of his disability. The entire family feel keenly his affliction and are reticent regarding his behavior. We finally persuaded the family, in September of 1920, to file claim for compensation for Mr. Blank and lately an award of compensation of \$16.00 per month was made. The boy is gradually becoming worse. On several occasions he has attempted suicide, but the family still struggle along. They are unwilling to institutionalize him, seeing the only means to do so thru court action and a State Institution. They feel keenly the stigma of "County" procedure. The family would be willing to have him enter an institution, if the entire matter could be controlled by the Government.

## CASE 3.

March 17, 1921.

On September 25, 1918, the mother of John D. asked our assistance in securing an unpaid allotment made to her by her son. When questioned as to the whereabouts of her son, it was learned that he was suffering from mental trouble and under close surveillance of the family. Although he had received a disability discharge, the mother refused to file a compensation claim because she feared this step would mean hospitalization in a State Institution.

In November, 1919, over a year from the date of his discharge, John escaped from the home and appeared at the army recruiting station. His strange actions there caused the army officers to take him directly to a Public Health Service Hospital. While at the latter place his claim for compensation was sent thru, the mother being willing because he was at that time in a government hospital. Later he was committed to a State Institution.

For over a year this young man was without proper medical attention because the government had no institution for discharged soldiers suffering with mental trouble.

## General Medical and Surgical Care

Medical and Surgical care of sick and disabled ex-service men covers the entire field of medicine. During the war the medical service of the country was mobilized to this end. After the Armistice, many leading physicians remained for reconstruc-

tion work. The local Public Health Service still has as their consultants, leaders of medicine from this district. The splendid work of these consulting specialists, who have unsparingly devoted their time and service in many difficult cases, deserves high praise. They did not work for compensation as the fees were small, but took the attitude that nothing was too good for the disabled ex-service man. These specialists—the best in their profession, deserve much better appreciation than can be given them in the narrow field of this report.

The general medical and surgical care of ex-service men has been uniformly good. It covers a very wide field, including all those who are patients of the War Risk Bureau and there have been few complaints.

The turn-over in this field is very great—the number, for instance, in the 47th Street Hospital, Public Health Service No. 30, is approximately 500. They are received and discharged so rapidly that it is estimated that the average stay is about four weeks. Other hospitals with a smaller number of beds are used for more chronic cases.

The following hospitals were used throughout the state for hospital care:

#### **General Medical Cases**

U.S.P.H. Service Hospital No. 30, Chicago,	232
U.S.P.H. Service Hospital No. 53, Dwight,	100

#### **Contract Hospitals**

Brokaw Hospital, Bloomington,	1
St. Mary's Hospital, Cairo,	10
St. Mary's Hospital, Centralia,	2
St. Paul's Hospital, Chicago,	5
Auburn Park Hospital, Chicago,	35
Bremerman Hospital, Chicago,	35
Jackson Park Hospital, Chicago,	27
St. Elizabeth's Hospital, Danville,	4
Decatur Mason County Hospital, Decatur,	1
St. Mary's Hospital, Decatur,	1
St. Mary's Hospital, E. St. Louis,	14
Sherman Hospital, Elgin,	14
Galesburg's Cottage Hospital, Galesburg,	1
Holmes Hospital, Macomb,	14
Wallbright Hospital, Metropolis,	2
Methodist Hospital of Central Illinois, Peoria,	9
St. Francis Hospital, Peoria,	1
St. Mary's Hospital, Quincy,	4
Robinson Hospital, Robinson,	3
Springfield Hospital, Springfield,	7
St. Anthony's Hospital, Rock Island,	6
St. Mary's Hospital, Streator,	2
St. John's Hospital, Springfield,	3



Every patient in these hospitals was visited by Mr. Lyden in the course of his census. The number in the hospitals varies. New hospitals are added and the patients withdrawn for others each month. The U.S.P.H. Service Hospital No. 30 on Drexel Blvd., at the time of writing has over 500 patients, and the hospital at Dwight is making arrangements to care for more than 250.

"I enjoyed talking with all the men," said Mr. Lyden. "The medical and surgical cases are always more contented than the others. They see a speedy prospect of recovery. The men down state, particularly, wanted to be in a home hospital. They told me that the food, the medical treatment and the general conditions were good. All of these hospitals are old established hospitals and are known to the boys and their relatives."

One young ex-service man in Metropolis expressed the attitude of the men toward this group of hospitals when asked if he wanted to be transferred to Chicago. "This is our hospital. It is our town and we want to be near our folks. Visits from them would be out of the question if we were transferred very far from here. I want to stay here."

The policy of using local hospitals for medical care when that care can be guaranteed and inspected has many advantages, both in sentiment, in service and economy.

The Public Health Service treats as medical and surgical cases, all claimants of the War Risk Insurance who have been given ten per cent or more disability, or claimants who, because of physical trouble, caused by or aggravated by army service, are waiting for the decision of the War Risk Bureau.

## **BUREAU OF WAR RISK INSURANCE**

The Bureau of War Risk Insurance which was created in 1914 and whose work was enlarged and extended by legislation enacted in 1916 and 1917, had the responsibility of organizing four distinct projects—Marine and Seamen's insurance, allotments of pay and family allowances, Military and Naval insurance, and the payment of compensation on account of death and disability incurred in the Military or Naval service during the present war. Under the act defining the present functions, every sick or disabled man entitled to treatment, compensation or training is technically a ward of this Bureau, although his actual treatment or training is carried on by other agencies.

There are two functions which are of vital importance—one, the payment of compensation—the other, the providing of insurance for dependents.

**Compensation**—The exact situation with reference to compensation is shown in the analysis of the census. It shows claims pending, claims that need adjusting and claims satisfactorily adjusted. It was impossible to get the information from the mental hospitals. In every case, as soon as Mr. Lyden was informed that compensation was not adjusted, the facts were

sent directly to Mr. E. V. Dickson, the Local Representative of the War Risk Bureau and to the Service Department of the American Legion. Mr. Dickson states—"that 584 cases had been sent him as a result of the census which he did not have in his files." A statement of the situation follows:

## COMPENSATION

### General Medical Cases

HOSPITALS	LOCATION	CLAIMS	UNAD-	AD-
		PENDING	JUSTED	JUSTED
St. Mary's,	Cairo,	3	4	2
Brokaw,	Bloomington,	—	—	1
Auburn Park,	Chicago,	19	1	5
U.S.P.H.S. No. 30,	Chicago,	125	70	34
St. Paul's,	Chicago,	2	3	1
St. Mary's,	Centralia,	3	1	—
St. Elizabeth's,	Danville,	3	1	—
U.S.P.H. No. 53,	Dwight,	21	19	52
Decatur, Mason Co.				
St. Mary's,	Decatur,	1	1	—
Sherman,	Elgin,	9	3	2
St. Mary's,	E. St. Louis,	11	—	1
Holmes,	Macomb,	6	5	5
Wallbright,	Metropolis,	1	1	—
Methodist of Central Ill.	Peoria,	4	—	—
St. Francis,	Peoria,	1	—	—
Rockford,	Rockford,	2	1	—
St. Anthony's,	Rock Island,	—	5	—
Springfield,	Springfield,	7	—	—
St. John's,	Springfield,	2	—	—
Jackson Park,	Chicago,	15	9	4
Cook County T.B.,	Oak Forest,	47	12	25
Municipal T.B. San.,	Chicago,	26	1	12
Fairview McLean,	Chicago,	7	1	5

### Tubercular Cases

HOSPITALS	LOCATION	CLAIMS	UNAD-	AD-
		PENDING	JUSTED	JUSTED
Edward's Sanitarium,	Naperville,	4	—	3
La Salle County,	Ottawa,	1	—	4
Ottawa T.B. Colony,	Ottawa,	5	1	6
Peoria Municipal Sanitarium,	Peoria,	2	—	—
Palmer T.B. Sanitarium,	Springfield,	8	5	15
Rock Island M.T.B.,	Rock Island,	2	—	—
Adams County,	Quincy,	1	—	—
Chicago Fresh Air,	Chicago,	6	5	3
Chicago Winfield Sanitarium,	Winfield,	1	3	1

In many of these claims, particularly in the Mental Hospitals, great difficulty in securing proper compensation has been due

to the nature of the disease and the establishment of its definite connection with the service. A plan has been worked out in Illinois, by Mr. Hartman, Assistant Director of the Service Department, whereby the clerks of county courts co-operate with the American Legion in filing the necessary papers and securing the proper affidavits.

The principal reasons for delay in adjusting claims of men in hospitals are:

1. Rapid turnover prevents agency handling claims from obtaining action from Washington before the man leaves the hospital.
2. Insufficient evidence to connect the man's disability with his service.
3. Lack of workers by agencies handling claims.
4. Lack of co-operation between agencies handling claims.

The normal method of filling an original claim for compensation is for the applicant to first fill out two forms, an application for compensation and a statement regarding his occupation, which, together with a certified copy of his discharge, is taken to the nearest Public Health Service physician, where an examination, together with the three papers above mentioned, is then forwarded through the U. S. Public Health Service to the Bureau of War Risk Insurance.

Decentralization of the Bureau of War Risk Insurance will be of great benefit, according to Mr. Dickson, to men in hospitals, for the following reasons:

1. It will be possible to establish personal contact between the awarding office and the claimant, something which is practically impossible under the present system.
2. Expedited action can be given to practically every case owing to the fact that there will be proportionately a very much smaller volume of business being handled than in one office in Washington.
3. In the event of an award not being satisfactory to the claimant, it will be an easy matter for the claimant to either write or call at the awarding office and either have a satisfactory adjustment made or be furnished with the information as to what would be required to complete his case.

4. A great deal of the dissatisfaction with the present system of handling awards is due to the long lapse of time—first, in having an award made and—second, in the event of any trouble, of having adjustment made. Practically all of this will be done away with with the decentralization of the Bureau, as check being made out in the regional offices will insure prompt action upon not only the original award but also upon readjustment.

**Insurance**—The insurance situation as far as sick and disabled men in Illinois hospitals are concerned, is most unsatisfactory as the following facts show:

HOSPITAL	NO INSURANCE	INSURANCE IN FORCE
Auburn Park Hospital, Chicago,	32	3
U.S.P.H.S. Hospital No. 30, Chicago,	197	38
Cook Co. T.B. Sanitarium, Chicago,	64	16

These men had every reason to keep up insurance, but lacked resources. Many of them allowed their insurance to lapse because they did not have the money. Many of them did not have the money because they were incapacitated for work and had not received adequate compensation. The premium often ran as high as \$7.00 per month, while at best they were only receiving from \$8.00 to \$30.00 from the Government, and frequently nothing.

Before the Government finally got around to paying adequate compensation, the insurance had lapsed, and when the sick and disabled ex-service men tried to restore their insurance, as healthy, uninjured men were being solicited to do, they found an iron-clad ruling that no man could restore his insurance unless he was physically fit. In other words, the Government got the sick and disabled "coming and going." When they could retain insurance secured in service to protect dependents, they couldn't because the Government had neglected to pay them compensation, but when they could pay, they were not allowed to because the Government had decided to play safe.

The matter was taken up with R. G. Cholmeley-Jones, Director, as a result of the census. He stated on February 24th, "that the suggestion of a ruling on this matter possessed great worth, and that he had given careful study relative to the promulgation of a regulation concerning the reinstatement of lapsed insurance where an insured was unable to reinstate his insurance because of the aggravation of a war disability. You may rest assured that this matter will receive affirmative action in the course of the next few days." If this can be corrected it will clear up an unfair situation both for the insured and for those who are dependent upon them. Mr. Cholmeley-Jones has since resigned and up to the time of writing this report no such action has been taken.

*When the Regional Offices of the Bureau of War Risk Insurance are vested with full authority to settle claims, adjust awards and issue checks to those men justly entitled to them, 95 per cent of the present complaints directed at present against this bureau will be cleared up immediately and all claims of merit will receive immediate action. Congress can give the Bureau this power to decentralize. The responsible local head must have the power to act.*



## THE UNITED STATES PUBLIC HEALTH SERVICE

The Public Health Service is an ancient institution of the Treasury Department, where it has been located from the date of its creation. It had its origin in the old Marine Hospital Service, which was authorized by an Act of Congress in 1798. In 1902 its name was changed to the Public Health and Marine Hospital Service and by the Act approved August 14, 1912, it became known as the Public Health Service.

During its life of 122 years, the service has grown from a small institution, designed to furnish medical care to the sick and disabled seamen of the American Merchant Marine, to a great national health agency, operating the maritime quarantine stations, protecting the country against foreign epidemics, preventing the interstate spread of disease, co-operating with state and local health authorities in the control of sickness.

The care of patients of the Bureau of War Risk Insurance was delegated to the United States Public Health Service under Public Act No. 326, which provided for the furnishing of hospital and sanitarium facilities by the Secretary of the Treasury appropriating a sum of money for each purpose and turning over to the Secretary certain Army Base Hospitals. This so increased the already existing functions of the Hospital Division of the Public Health Service that early in May, 1919, it was decided to decentralize into fourteen districts. This decentralization was begun the latter part of May and early in June, 1919, and the functions of the district offices grew with tremendous rapidity.

The Eighth District is the second largest of these Districts, and comprises the states of Illinois, Wisconsin and Michigan and has Headquarters located in Chicago. Dr. W. C. Witte is the District Supervisor.

The main functions of the district office can be divided into five factors; namely:

1. The procuring of examinations and furnishing of reports of the same to the Bureau of War Risk Insurance and the Federal Board for Vocational Education. In this connection it might be added that these reports are furnished to both these bureaus simultaneously.
2. The providing of relief to compensable claimants of the Bureau of War Risk Insurance and Trainees of the Federal Board.
3. The keeping of records.
4. The preparation and certification of vouchers to cover payment for services rendered.
5. The supervision of property and personnel.

To carry on the administrative details of this organization, there are on duty at Headquarters of the Eighth District, 260 non-medical personnel, including three nurses and one dental mechanic, 45 medical officers, 8 of whom are assigned for special duty with the Federal Board. The district field work is handled by means of officers and specially designated physicians and attending specialists, located at the various points of the District, it being desired to have a representative in every county. There are at present on duty in the Eighth District, 126 Acting Assistant Surgeons (officers), 147 Designated Physicians and 87 Attending Specialists.

It is possible with this organization to provide service to claimants promptly and, if necessary, in their own community. It is the express desire of the Director of the Bureau of War Risk Insurance that beds in Government owned and operated hospitals be utilized to the fullest extent. However, because of the scarcity of such beds it has been necessary to make arrangements with private hospitals for the care of these patients by means of contracts. In the Eighth District there are 213 such institutions being used. In this connection, it might be noted that the Service anticipated this urgent need for beds, and submitted to Congress an estimate calling for the building of sufficient hospitals to provide for the increasing number of cases needing care. However, this was not granted and it became necessary to lease certain buildings and reconstruct them for their use. In the Eighth District there are approximately 2600 cases in hospitals, more than half of which are in contract hospitals.

One of the serious problems of the Public Health Service is the salary restrictions placed by Congress upon it. It is almost impossible for them to secure an adequate, permanent medical and surgical personnel at the salaries now authorized. In a report from the Surgeon-General, it was stated that "there were more resignations from the Public Health Service during the last year than there were appointments." The chief reason for this is that the majority of their physicians, particularly those who have a background of real experience, cannot afford to work for the Government in this department at the salaries which Congress has authorized. Many of those who do remain are compelled to do so at a great personal sacrifice.

*While it is important that the Government should build and maintain proper hospitals for sick and disabled ex-service men, it is equally important that the department responsible for their medical and surgical care should be in a position to employ and adequately pay the best men who can be secured for special service.*

## FEDERAL BOARD FOR VOCATIONAL EDUCATION

The Federal Board for Vocational Education is a government agency organized to retrain or re-educate ex-service men who have become disabled thru their military or naval service. It is the Board's duty to take a disabled man and to give him the sort of training that will make it possible for him to be independent in spite of his disability. The Board is required to plan the man's training so that after the work is completed its employment department can secure for him a position that will make a good living for himself and family, a preservation of his self-respect and financial independence for the rest of his life.

"There are approximately 4000 disabled ex-service men," Mr. Charles W. Sylvester, Divisional Vocational Officer, reports, "taking training under the Board of Vocational Education in the State of Illinois." 3000 are in Chicago. The majority are in educational institutions, some are in factories, offices, business houses, railroads, but because of the wide distribution of the hospitals, the training work is only done in hospitals which have more than 25 ex-service men as patients. Preliminary fundamental training, such as English, Mathematics, Typewriting, etc. is chiefly given during this period. It is used largely as a period to discover along what lines vocational education should be given.

In the State of Illinois, such schools as the University of Illinois, Chicago University, Northwestern University, Kent College of Law, Armour Institute, Academy of Commercial Art—the various high grade musical schools, Lewis Institute and the Washburne School are among those with whom the Board has contracted to furnish training.

The men receive from \$100 to \$170 per month while they are taking the work, the exact amount depending upon the number of dependents each man has. After they have finished their courses of training, employment is secured by the Federal Board and followed up until such a time as the Board realizes they have successfully completed their training and are rehabilitated to the point where they need no further assistance.

All types of training are given the men, this ranging from shoemaking thru the other various different lines of work, up to and including such courses as law, medicine and pedagogy. The various disabilities that the men have range from systematic diseases, such as tuberculosis, heart trouble, etc. to those suffering with loss of limbs, sight or hearing. Each case presents an individual problem and no two of them are alike. It is difficult to say when the peak of this load will be reached in this District and in this State, but it probably will not come for at least two



or three years. This is due to the fact that a great many men remain in the hospitals and that a great many men are discontinued during their courses due to their physical inability to continue their work.

At the present time, there are at least several hundred men in the State of Illinois who have been approved for the full benefits of the Act but whose physical condition will not permit their entrance into training. There are also as many as 2000 men in the State of Illinois who have been approved for training under Section 2 of the Act and who have not accepted same, probably due to an ignorance of what is being done. The number of men who are being made eligible for training is increasing day by day, and if some of the Legislation which is now before Congress is enacted the number of men eligible for training in the State of Illinois will at least be trebled. It is believed that the present facilities at the disposal of the Federal Board in this District offer to the men in this District the greatest and most generous opportunity that any country has ever offered to its disabled men.

During 1920 the Federal Board in the 8th District came in contact with several hundred men who had been discharged from hospitals and sanitoriums as cured from tuberculosis, but who, on account of their weakened physical condition, could not enter the regular vocational training classes. There was an immediate need for training under medical supervision and in such quantity as the particular man could take with safety.

After searching the district for a suitable location, a school at Nauvoo, Illinois, on the bluffs of the Mississippi River, which would accommodate 150 of these men at a time, was selected.

A comprehensive plan for the rehabilitation of tuberculous ex-service men has been worked out by R. H. Harpster, Educational Director and Dr. John W. Turner. It is founded on sound economic and pedagogical principles and on a thorough knowledge of tuberculosis, the mode of development, the manner and rate of its healing during convalescence and the psychology and physiology of the inactive cases.

The thought in the present work being done by the Rehabilitation Division of this Board bring us back to the period just following the Civil War when thousands of men who were disabled, were eventually granted compensation or a pension, as it then was called, and allowed to go on their way thru life.

A man may be able to exist with a sufficient amount of money to live on from the Government or from his family, but in this condition he is not independent and is not an asset to the com-

munity. If our Pension Bureau records were available, we would find that tens of thousands of men who were partially disabled by reason of their Civil War duties, have been, ever since that time, doing nothing but receiving their monthly check from the Government. If they had been given a course of training which would have given them an opportunity to work in spite of and with their disabilities, they would not have wanted to continue to draw this compensation and would have been a distinct asset to the community in which they lived.

The Government at the present time does not propose to allow these men to drift into a life which will make them dependent upon the monthly mail from Washington for their existence. It is a proven fact that even the men with the most serious disabilities can learn something in which they can support themselves and their families and not ask for Government pension, charity or community assistance. They will become independent of all of this which is so distasteful to Americans, and educate themselves into some niche of life wherein they will be as valuable to the community as are their more able bodied neighbors, and where they do not need continually to ask for assistance.

The policy of the Government in this respect is so markedly changed from that following the Civil War that it is worth notice and comment. What has caused the change is doubtful, but it probably can be attributed to the general progress of education in this country.

The success of Rehabilitation work thus far, has indicated to thinking people how unnecessary it is to allow those crippled by industry to live their present mode of existence. The chances are very good that out of the work now being accomplished in soldier rehabilitation, results will come which will revolutionize this unfortunate phase of social conditions today.

The Bureau, thru Mr. Charles W. Sylvester, District Vocational Officer and his assistant, Mr. H. J. Betty, are arranging in connection with Major General Leonard Wood and the Fort Sheridan Association, a summer vacation at Fort Sheridan for more than 5000 of its students during the summer of 1921. This is but one of the many indications of the progressive, humane policies of this Board.

*The results secured by this Board are due to the fact that responsibility has been definitely regionalized and treatment has been liberalized and red tape has been cut. The responsible local head can act. No case goes to Washington for decision except on an appeal. The needs of ex-service men come first.*

## THE SERVICE DEPARTMENT

### American Legion of Illinois

The Service Department of the American Legion commenced its functions in the latter part of March 1920. At that time, Milton J. Foreman, Commander of the American Legion of Illinois, realized that the governmental agencies charged with the care of ex-service men, were not functioning, and that it would be necessary to establish an agency in which the ex-service men would have confidence as a liaison between the Government and these men, because the burden of proof lies upon the claimant and he was receiving little assistance from the Government. This was due to the fact that the three governmental agencies, namely the Bureau of War Risk Insurance, the Federal Board for Vocational Education and the United States Public Health Service were not efficiently co-operating. It was found that something had to be done to connect up these three agencies with the ex-service men in order that they would be given a square deal.

The work was organized by A. H. Ogle who was the first director. In the first month of the work of the Service Department about five hundred cases were handled. This number gradually increased up to October 1920, when about twelve hundred cases, and a total of six thousand for the first six months, had been accepted for settlement. These cases ranged from claims for back pay on up to hospitalization and collection of death claims.

During the month of June 1920, the American Legion, Department of Illinois, conducted a whirlwind campaign regarding the benefits of War Risk Insurance and was instrumental, with the assistance of the local representative of the Bureau of War Risk Insurance, in having reinstated over thirteen million dollars worth of War Risk Insurance. At this time J. W. Lyden was Assistant Director of the Service Department and John A. Hartman was in charge of the insurance campaign.

In October 1920, William R. McCauley assumed his duties as State Commander, Wm. Q. Setliffe was appointed Director and John A. Hartman, Assistant Director of the Service Department at the Chicago office. Steps were immediately taken to secure proper co-operation with the different Bureaus. They were in a great measure successful. Co-operation was secured with the U.S. P.H.S. Hospital No. 30, through Dr. Wilcox G. Thorne, the Federal Board for Vocational Education, Mr. Charles W. Sylvester, Director, through Mr. H. J. Betty, liaison officer, and with the U.S. P.H. Service, through Dr. Witte. An account of the present work of the Service Department is given below:

Considerable difficulty was experienced regarding the care and protection of the men who were insane or mentally unbalanced. These men passed through the psychopathic court and were farmed out to different insane asylums without any effort being made to connect their disability with their military service. This has caused considerable confusion and added a great expense to the various counties and the result has been that there were many many insane men who are ex-service men who have never had their compensation claims taken up and little has been done to protect their interests.

The Service Department arranged a plan whereby all of the county clerks in the one hundred and two counties in Illinois will notify the American Legion Commander in their towns whenever an ex-service man comes up for trial as to his sanity. Forms 526, 539 and 545 are then made out for the man by the American Legion Commander and forwarded to the District Supervisor of the United States Public Health Service. Under this plan the man immediately becomes a ward of the government, at least for observation purposes and until such time as his claim is established with the Bureau of War Risk Insurance.

In February, as the result of a conference between Department Commander, Wm. R. McCauley, Dr. Witte and Mr. Hartman, an agreement was entered into whereby a liaison officer has been appointed by the United States Public Health Service, and all differences of opinion and questions arising regarding hospitalization are referred to this office, which settles them, if possible, and if not they are referred to higher authority.

The Department Commander dedicated the Legion to one duty for the year 1920-21, namely, that of service. That this idea has been practical is proved by the fact that the number of claims handled by Chicago office of the Service Department has jumped from some thirteen hundred cases in October to ten thousand and six during the month of February.

A Legal Department is maintained in this office and questions regarding the appointment of conservators, administrators, etc. are taken care of.

During the latter part of the year 1920, the Legion has been instrumental in closing two contract hospitals, namely Sunnybrook Farm and St. Paul's Hospital. A number of Public Health Service examiners have been removed because of their failure to understand the point of view of the ex-service men.

In a conference between Assistant Surgeon-General Lavinder and Commander William R. McCauley, Adjutant Wm. Q. Setliffe



and John Hartman, Dr. Lavinder agreed to cancel the contract of Cook County Tuberculosis Sanitarium at Oak Forest, just as soon as hospital space for the ex-service men who are now patients at that hospital can be secured elsewhere.

For about six weeks during November and December, this Service Department maintained an employment bureau for ex-service men and was instrumental in placing about two hundred and fifty men in employment. During the same time about four hundred dollars was expended for meal tickets, lodging and emergency assistance for these men. This employment bureau was discontinued because of the desire of the American Legion to cooperate with the Central Employment Bureau, which is under the control of the Illinois Free Employment Bureau. We have received uniform satisfaction from this Bureau.

The State of Illinois has been divided into districts. These districts are under the supervision of the different County Central Committees, who have the hospital within the district assigned to them and who are responsible for the proper inspection and reports. These inspections are made weekly and include a general report on conditions found. Particular attention is paid to the quarters, food, medical treatment and general surroundings. A report is made to this office and if any complaints are registered they are immediately taken up through this office with the district supervisor of the U.S.P.H.S. with a view to remedying conditions without any delay.

In addition to this work, the Legion Posts in the towns in which hospitals are located, have been furnished with a supply of forms (as used in the hospital census) which are filled out for each patient admitted. All necessary information is secured and these forms are forwarded to Chicago to this office. If the man's claim is already in our file or a hospital card has already been filled out, the additional information is placed on the card. If there is no card in our file, they immediately take it up with the Bureau of War Risk Insurance and endeavor to secure an adjustment and prompt action.

In addition to the above, the post or several posts in the vicinity of each hospital visit it at intervals and mingle with the patients and assist them in every way possible. Entertainment is provided and whenever possible patients are taken for automobile rides, etc. The entire policy is to see, not how much you can give the man, but how much you can do for him. The hospitals in the Chicago district are very well taken care of for the reason that there are so many more posts than hospitals. Various entertainments are provided and on an average of three posts visit each institution weekly.



Over the entire Illinois District, instead of going to the hospitals with fruit or what might be termed useless articles, a spirit of co-operation has been established and information is secured from this office prior to the visit as to just what the men need or desire. It has been noted that posts visiting hospitals have overlooked the fact that tooth brushes, tooth paste, shaving brushes and soap, and razors are needed in a great many instances. This has been corrected. It has also been noticed that well meaning persons have sometimes visited hospitals with fruit, candy, etc., and handed them out to the patients without regard to special treatment certain patients were receiving. In this way patients on a diet have been furnished with articles of food forbidden by the doctor. This has been remedied by asking the committees visiting hospitals to consult with the hospital authorities in order to prevent upsetting the patient's diet.

The condition of dependents of ex-service men has also been investigated and their needs taken care of by the various posts.

Heretofore individual posts in the different communities have visited hospitals on their own initiative and although conditions needing attention were remedied, the office had no knowledge of what was done and in many instances this resulted in duplication of effort and neglect of some hospitals. Under the present program, all of the hospitals are visited regularly through instructions from these headquarters and in this way there is no danger of one hospital receiving four visits and other hospitals not receiving any.

It is noticed that within the past four months, posts have become interested in Dunning, Elgin, Jacksonville and Kankakee asylums and these hospitals or asylums are visited regularly and articles of comfort provided. This was not true in the past because of the fact that the average individual knew nothing of conditions surrounding insane ex-service men.

During the Christmas Holidays every hospital in the state of Illinois where ex-service men were receiving treatment, was visited and a Christmas program provided. This program consisted of a Christmas tree, presents to the individual and a general spirit of comradeship. Some of this work was done by the local posts and in some instances by headquarters, with the assistance of local posts. At Elgin the local post of the American Legion furnished a Christmas dinner for all of the ex-service men in the Elgin State Hospital and all who could possibly do so visited the hospital and sat down at this Christmas dinner. In the afternoon an entertainment program was furnished, which was well attended by both the patients and the members of the post with their friends. This is typical of the visits paid to the hospitals in the state on that day.

A spirit of co-operation has been established in the different hospitals and this plan has resulted in the ex-service men being treated with better understanding of their condition than heretofore.

## THE RED CROSS

The record of the Red Cross in military hospitals is well understood. Under present conditions they are still doing a work of outstanding importance. The Central Divisional Offices take charge of the work in hospitals actually controlled by the U. S. Public Health Service. The Chicago Chapter and other chapters throughout the State undertake it in contract hospitals.

The Central Division is responsible for Red Cross activities in U. S. Marine Hospital No. 5, 4141 Clarendon Ave., where they have three full time and one part time worker with Miss Estelle Schulte as chief of the department; U.S.P.H.S. Hospital No. 30, 47th & Drexel Blvd., where they have thirteen full time workers and one part time worker with Mr. Maurice R. Reddy as chief; and U.S.P.H.S. Hospital No. 53, Dwight, Ill., where they have three workers with Miss Alice J. Barker as chief.

The work of these departments is as follows:

Shortly after a patient is admitted to the hospital, he is interviewed by a Red Cross worker, who takes up with him the subjects of compensation, insurance, and Federal Board training, with a view to assisting him in adjusting any claims that may be pending, and at the same time, learning of any possible difficulty the man may be having, in which the Red Cross might be of assistance to him or his family.

During the man's stay in the hospital, many minor services are rendered him by the Red Cross. In cases where compensation has not been received, or all his compensation is needed for his family, loans or grants, as the situation requires, are made by the Red Cross. These loans or grants are often necessary because of needed clothing, transportation home, and other miscellaneous expenditures.

When a diagnosis of tuberculosis is made, the Red Cross worker immediately gets in touch with the man's local Home Service, asking that every effort be made to have the rest of the family examined for T. B. and proper hygiene and nourishment to any of the family who might be a suspicious case. They believe preventive work in tuberculosis is a duty.

In the case of severe illness of an out-of-town patient in the hospital, it is the duty of the Red Cross to keep the family informed as to the man's condition.

In the case of death, all possible assistance is given any relatives who may be visiting the hospital at the time, and the man's Local Home Service is communicated with, in order that any possible needed assistance in arranging the details of the funeral may be given. Also it is customary for the Red Cross to send to the man's Local Home Service any information they may have regarding the status of his compensation and insurance; and if no relatives were present, information regarding the details surrounding the patient's last hours that could possibly be of any comfort to the family.

In these letters, there is a definite request for the Red Cross worker to call at the home and render any assistance to the family.

On the discharge of patients from the hospitals, a letter is sent to the man's Local Home Service describing the nature of his trouble, his present condition, the doctor's advice for proper after-care including points regarding recreation, diet and hygiene, the date and place of his next examination, what has been accomplished on adjusting the patient's compensation, insurance, or vocational training while he has been in the hospital, together with a definite request for a reply, whether or not it has been possible to arrange for the doctor's directions to be carried out. The types of cases the Red Cross is especially anxious to do such follow-up work on, are mental cases, tuberculosis, heart, nephritis, diabetes, gastrointestinal condition, and orthopedic troubles, including major amputations.

In each of these hospitals, the Red Cross has a full time recreational worker, who arranges for entertainment for the patient personnel. They work in co-operation with, and direct, any volunteer entertainment offered by organizations or individuals. The recreational workers make an effort to develop a plan of recreation for ward patients who are able to go out on pass.

From February first, 1921, the Chicago Chapter of the American Red Cross undertook to furnish social service to the men in contact hospitals within its territory, and a staff of five workers is now looking after their needs.

When a man enters the hospital, if he has not proper clothing, he is at once given two suits of pajamas, a bathrobe, a pair of slippers, and in the tuberculosis hospitals a thermometer is given also. Immediate inquiry is made into the state of his government claims, and the necessary steps are taken to hasten compensation if it is not being received. Money for personal needs is furnished those who have none. Games, reading matter and cigarettes are provided.

If the patient is from another city and is worried about his family, these workers communicate with the Red Cross in his home town and establish means of communications which usually relieves his anxiety at once.

In February, 350 men were under care in contract hospitals. Of these 186 were given cash relief or new clothing, and 298 were given many forms of service, such as writing letters, adjusting personal affairs, and attending to necessary business matters for them.

These workers also distribute gifts of fruit, candy and delicacies.

The Chapter has also established a follow-up service for men discharged from the hospitals into the out-patient group. The Red Cross undertakes to see that the man returns for treatment at the required times and that the physician's instructions are carried out in the home. The proper diet is provided, and the housewife instructed in its preparation if necessary.

## CONCLUSIONS

### SPECIFIC SUGGESTIONS FOR THE FUTURE.

#### **A—Completion of the Speedway Hospital**

The most important question is the proper hospitalization of tubercular and neuro-psychiatric cases. The Government has had this hospital under construction for the last three years. It is located some eight miles west of the Chicago Loop. The buildings are practically completed, at a cost of more than \$5,000,000. It should be available for patients during the mid-summer of 1921. A great deal remains to be done to make the Speedway a proper place for ex-service men. There are 320 acres of open land without trees, natural shrubbery or recreational facilities. Immediate efforts should be made to start to work out the proper landscape features, the proper recreational facilities, the question of transportation and community relationships. There are no transportation facilities nearer than two miles except the spur of the Illinois Central, which might furnish transportation for some. The Speedway will help to solve some of the difficult hospitalization problems but in order to do it adequately, action must be taken at once so that ex-service men hospitalized there may have, as far as possible, conditions of normal, happy, healthy life about them.

#### **B—A State Hospital for Mental Cases**

The best memorial—the finest appreciation for the service of men throughout the war will be a splendid state hospital for rehabilitation and care of mental cases erected in memory of their service. Such a hospital well located would assure the men of this state who have suffered from the War and their families, the very best medical care during the next ten years, when physical and medical conditions growing out of the war will warrant the expenditure at this time of this amount of money. Other states are considering the matter very seriously. Wisconsin is building a memorial hospital at the University at Madison. New York appropriated three million dollars for a hospital for mental diseases and citizens of Illinois may well consider the matter as a contribution of the State to a great and worthy purpose. In view of the fact that up to date Illinois has never officially taken any cognizance of the condition of men who were sick or disabled in the service, no better way could be discovered for covering up this failure in the past than by doing her full share at this time and protecting the future of these men.

#### **C—Training Farm for After Hospital Care for Mental Cases**

Great difficulty has been experienced by the Federal Board in arranging the proper training facilities for mental cases after they have left the hospital. It has been proposed that a farm be secured with all the proper buildings for living accommodations together with sufficient space for work shops and school rooms. An investi-



gation is at this time being made for such an arrangement. It is expected that this project for mental cases, which will parallel the Nauvoo, Illinois school which is taking care of 150 ex-service men with inactive tuberculosis, may be made by the board of vocational education.

#### **D—Complete Unification, Departmentalization and Decentralization of Bureaus**

It is generally agreed that the situation in this state with reference to compensation and care of the disabled and sick ex-service man will never be satisfactorily solved until the various departments are in one office when he can receive complete attention in the matter of compensation and hospitalization and vocational training, where one complete file will contain everything affecting his case; when there will be no shifting of responsibility, no passing of the buck from one bureau to another.

One office in Washington will not do this. There must be a number of regional offices throughout the country with power to act. To this end the American Legion, through its national hospitalization committee of which General Abel Davis of Chicago is chairman and its legislative committee, have been working for some time. The Committee of the American Legion favors and is working for legislation which will bring about a unified, departmentized and decentralized agency for the care of disabled soldiers.

All activities of the Government for the purpose of general direction should be placed in one department of the Government, in such a way as to avoid duplication of functions or conflict of authority.

Every phase of the problem is important enough to be handled in a separate department. As an illustration, the department of insurance would find enough work in looking after that one phase of the problem. Similarly, the department of compensation is important in itself and should in no way conflict with or overlap the work of hospitalization. All medical service and hospitalization should be placed in a separate department. It is believed that the United States Public Health Service, which has the personnel and the necessary experience, might be given the task of perfecting such a department. The Federal Board of vocational training is also of sufficient importance to be a separate department. All of these departments should function under the direct supervision and authority of the one head—The Assistant Secretary.

It is not fair to the disabled man to make Washington the only place where he can get a hearing on this case. Each state or other subdivision agreed to should have an office where final decisions can be reached on all matters affecting the soldier, whether it is compensation, hospitalization or vocational training. This is now true of vocational training and hospitalization. On appeal, or for other specially stated reasons, a case might be reviewed and finally decided in Washington. The main cause of delay and much in-



convenience and discomfort to the soldier is the fact that the main office in Washington decided each individual case at long distance, acting on reports, without an opportunity to see the man and his actual surroundings.

### **E—Clinics and Home Visitation**

It is of great importance that medical facilities be made easily accessible for men who are claimants of the War Risk Bureau but who are not hospitalized. Frequently the Public Health Service must take the initiative in the treatment of those claimants. The development of Public Health Service clinics will meet this need.

Home visitation work by the Public Health Service and by the Red Cross are of the greatest importance in order that men may receive satisfactory medical treatment, not in the hospitals. By early care much difficult work of hospitalization can be prevented to the mutual advantage of the men and the Government.

## **THE STATE AT WORK**

Our communities throughout the state have been interested in the disabled soldier. Difficulty has been experienced in having such interest manifest itself along helpful lines. Chicago finally found a way for an expression of such interest along highly constructive lines. The Union League Club, through its Committee on Public Affairs, headed by Britten I. Budd, after consultation with the Service Department of the American Legion and a number of individuals who had been interested in the situation, assumed the responsibility for a specific plan, (a) completion of the Speedway Hospital, the beautification of its surroundings, providing recreational facilities and transportation, general supervision of the hospital as a public interest, and (b) to secure from the legislature the necessary appropriation for the erection of a State Memorial Hospital for the treatment of insane cases among ex-service men, and the establishment of a committee to continue its interest and supervision in the whole field of treatment of the disabled veterans.

With his own plans as a basis, Mr. Budd has secured the co-operation of the Illinois Chamber of Commerce and made the concrete suggestion that, through this organization, each community, after ascertaining the local situation, assume responsibility along certain specific lines of helpfulness. You can express best your interest in the soldier by helping in each community the organization of a group of men who will charge themselves with the responsibility of putting into execution Illinois' plan for the future:

*The good will of the American people must be made to express itself fully through the efficient work of Government departments. But each and every American citizen should do his share whenever he crosses the path of a sick or disabled ex-service man, to make his life as useful, as self-respecting, as strong as the united efforts of a grateful people can make it.*











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